



Birthday Party Emergency Form

MADISON AREA YMCA

1. Basic Information

CHILD'S NAME _____ / / _____ M F
Date of Birth Gender

Parent or Guardian Name _____ Relationship Best Phone Number

Parent or Guardian Name _____ Relationship Best Phone Number

2. Health Information

Known Allergies: _____

Does your child require an Epi-Pen? Y N

Known Medical Conditions: _____

3. Emergency Contact Information (in addition to parent/guardian)

Parents and Guardians listed above will ALWAYS be notified first.

Name _____ Phone Number _____ Relationship to child _____

Name _____ Phone Number _____ Relationship to child _____

4. Medical Release

My child has permission to participate in all activities at the Madison Area YMCA's Drop and Go program. I have reported all known allergies and medical conditions to the Y and, to the best of my knowledge, my child is fit to and may participate in the Drop and Go program. I give permission for the Madison Area YMCA and its staff to care for and treat minor injuries, and to secure emergency transportation and treatment for my child at the closest emergency medical facility.

X SIGN HERE

Participant or Parent/Guardian Signature (if participant is a minor)

Date